

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

128
116

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City miami No. 10 Broad St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Keigm Lee Harp } If child is not yet named, make supplemental report, as directed.Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other... _____ 6. Legitimate? yes 7. Date of birth March 1 1930
5. No., in order of birth _____ Month Day Year8. FATHER
Full name Elmer Lee Harp9. Residence
(Usual place of abode) miami, Arizona
If non-resident, give place and state.10. Color or race white 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Grove
(State or country) Oklahoma13. Occupation miner
Nature of Industry _____14. MOTHER
Full maiden name Blanche Staten15. Residence
(Usual place of abode) miami, Arizona
If non-resident, give place and state.16. Color or race white 17. Age at last birthday 20 (Years)18. Birthplace (city or place) Richland
(State or country) New Mexico19. Occupation housewife
Nature of Industry _____20. Number of children of this mother. 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 1:05 P. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

J. J. Miller

(Physician or midwife)

Given name added from supplemental report _____

Month, day, year _____

Address _____

Filed March 30 1930

Registrar _____

Registrar _____

247-301-225